

SECOND REGULAR SESSION
HOUSE COMMITTEE SUBSTITUTE FOR
SENATE SUBSTITUTE FOR
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 885
90TH GENERAL ASSEMBLY

Reported from the Committee on Civil and Administrative Law, May 3, 2000, with recommendation that the House Committee Substitute for Senate Substitute for Senate Committee Substitute for Senate Bill No. 885 Do Pass.

ANNE C. WALKER, Chief Clerk

3801L.10C

AN ACT

To repeal sections 103.085 and 103.136, RSMo 1994, and section 103.008, RSMo Supp. 1999, relating to health plan for state employees, and to enact in lieu thereof five new sections relating to the same subject.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Sections 103.085 and 103.136, RSMo 1994, and section 103.008, RSMo Supp. 1999, are repealed and five new sections enacted in lieu thereof, to be known as sections 103.008, 103.081, 103.085, 103.136 and 1, to read as follows:

103.008. 1. The general administration and the responsibility for the proper operation of the plan is vested in a board of trustees of [eleven] **thirteen** persons, as follows: the director of the department of health, the director of the department of insurance, the commissioner of the state office of administration serving ex officio, one member of the senate **from the majority party** appointed by the president pro tem of the senate **and one member of the senate from the minority party appointed by the president pro tem of the senate with the concurrence of the minority floor leader of the senate**, one member of the house of representatives **from the majority party** appointed by the speaker of the house of representatives **and one member of the house of representatives from the minority party appointed by the speaker of the house of representatives with the concurrence of the minority floor leader of the house of representatives**, and six members appointed by the governor with the advice and consent of the senate. Of the six members appointed by the governor, three shall be citizens of the state of Missouri who are not members of the plan, but who are familiar with medical issues. The remaining three members shall be members of the plan and may be selected from any state agency or any participating member agency.

2. Except for the legislative members, the director of the department of health, the director of the department of insurance, and the commissioner of the office of administration, trustees shall be chosen for terms of four years from the first day of January next following their election or appointment. Any vacancies occurring in the office of trustee shall be filled in the same manner the office was filled previously.

EXPLANATION — Matter enclosed in bold faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

103.081. The board shall develop and submit to the general assembly by September 1, 2000, a plan to offer to state employees located in counties in which health maintenance organization (HMO) coverage is not available, a medical benefits plan for calendar year 2001 with benefits coverage substantially identical to HMO benefits coverage, at a cost to employees not to exceed the average cost to employees for HMO coverage in counties where such coverage is available.

103.085. Except as otherwise provided by sections 103.003 to 103.175, medical benefits coverage as provided by sections 103.003 to 103.175 shall terminate when the member ceases to be an active employee; except persons receiving or entitled to receive an annuity or retirement benefit or disability benefit or the spouse of or unemancipated children of deceased persons receiving or entitled to receive an annuity or retirement benefit or disability benefit from the state, participating member agency, institution, political subdivision or governmental entity may elect to continue coverage, provided the individuals to be covered have been continuously covered for [the] **health care** benefits [under sections 103.003 to 103.175 for at least the shorter of]:

(1) [Two years prior to the date of death or disability of the member or his] **Under a separate group or individual policy for the six-month period immediately preceding the member's date of death or disability or** eligibility for normal or early retirement; or

(2) **Pursuant to sections 103.003 to 103.175, since the effective date of the most recent open enrollment period prior to the member's date of death or disability or eligibility for normal or early retirement; or**

(3) From the initial date of eligibility for the benefits provided by sections 103.003 to 103.175.

Cost for coverage continued [under] **pursuant to** this section shall be determined by the board. If an eligible person does not elect to continue the coverage within thirty-one days of the first day of the month following the date on which the eligible person ceases to be an employee, he **or she** may not later elect to be covered [under] **pursuant to** this section.

103.136. Any participating member agency terminating its coverage under the plan will not be eligible for participation in the plan for a period of two years after its termination date [except by a majority vote of the board].

Section 1. Beginning with fiscal year 2002 and lasting at least through fiscal year 2003, the Missouri consolidated health care plan shall operate on a three-month delayed fiscal year basis, with a new plan year starting on October 1, 2001. In order to cover the three-month time period from the end of fiscal year 2001 to the start of the new fiscal year 2002, the new fiscal year 2002 budget request shall include a one-time additional three-month time period. Further, notwithstanding any other law to the contrary, and during any time this policy is in effect, the medical cost portion of Missouri consolidated health care plan's budget request shall be submitted to the division of budget and planning by December first of each year.